KANIVA TOWN PROFILE 2022



Kaniva was originally Tattyara which was recognised as a town in 1851. Tattyara was named after the Tyatyalla peoples who lived in the district. Renamed Kaniva in 1882, however the name's origin is unknown. Located 44.6kms from Bordertown and 82kms from Edenhope.

Kaniva's busy and prosperous main street has a diverse range of businesses, sporting and education facilities and services. Close to the South Australian border, Kaniva services a large agricultural district with some diversified cropping (including olive plantations near the Big Desert to the north) and reliable agrarian seasonal conditions. Sporting and social life is vibrant. Kaniva shares administrative facilities for the West Wimmera Shire Council with Edenhope to the South of the Little Desert. Recent state border closures during the Covid-19 pandemic greatly affected Kaniva's highway trade and reciprocal community life with Bordertown and districts in South Australia.

WHO IS KANIVA?



Population 891



The median age is 51



Households **35.6%** Single Person **62.1%** Family



3.3% of Households speak a language other than English



Country of Birth (Other than Aus) England, Germany, Greece, The Philippines and Scotland



- Couple without children 51.2%
- Couple with children 34.8%
- One Parent 13.5%

WWHS IN KANIVA

Facilities: Residential Aged Care

Services:

- Community Nursing
- Diabetes Education
- Dietetics
- Exercise Groups
- Health Education & Promotion
- Occupational Therapy
- Packaged Care
- Physiotherapy
- Podiatry
- Social Work
- Speech Therapy
- Social Support group

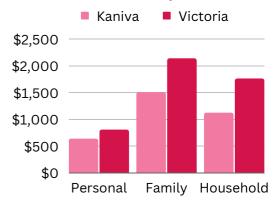
Top Employment Industries

- Grain-Sheep or Grain-Beef Cattle Farming
- Hospitals / Health Services
- Other Grain Growing
- Combined Primary and Secondary Education
- Local Government Administration



are Aboriginal or Torres Strait Islander

Median Weekly Income



KANIVA IS KNOWN FOR:

Community owned petrol station, painted sheep, cattle, grain, sheep, birth place of Marcus Wills, Lercy Leason, Alastair Clarkson and Roger Merrett.





HOW HEALTHY IS KANIVA'S LGA (WEST WIMMERA SHIRE)?

Traditionally, health has been measured in rates of illness and disease. When people experience these it can have a larger impact on other aspects of their lives and on society. This is known as the burden of disease. There are systems of reporting that can give high-level information about the burden of disease to local government or post-code areas. These include the following sources: ABS Census, PHIDU Social Health Atlas of Australia, VAHI Victorian Population Health Survey, Dental Health Services Victoria Oral Health Profiles and data from the Crime Statistics Agency.

5 year olds with full immunisation

100%



6.4% of adults have been diagnosed with heart disease

Potentially preventable hospital admissions is 43% above the national average



45 police-recorded family incidents in 2022



Potential years of life lost due to premature deaths is 35% above the national average

7.4% have a profound or severe disability



CANCER

4.3%

Median age

at death

of adults have cancer (inc. remission)*

56.8%

participate in breast screening

45.9%

participate in bowel screening

49.2%

participate in cervical screening



6.3% of adults have ever been diagnosed with Type 2 Diabetes



Adults with anxiety or depression

Females - 35.1% Males - 21.1%

5.6% of adults have three or more selected (see page 4) chronic diseases*



31% - 0-5 years

baby or adult tooth

Children with at least one

decayed, missing or filled

In the West Wimmera Shire:

- People have similar rates as the state in cancer screening participation, except cervical which is slightly lower than state
- The proportion of people ever having anxiety or depression is similar to the state
- The rate of females having anxiety or depression is higher than males, which is the same as the state
- Hospital admissions for preventable conditions is much higher that the Australian average
- Police-recorded familyincidents is similar to the state rate
- Children with tooth decay at public services is slightly higher than the state

The comparison highlights the areas most in need of improvement for West Wimmera Shire. Some things that could be done to help in these areas are:

- More mental health services
- Increased education on oral hygiene

WELLBEING IN KANIVA'S LGA (WEST WIMMERA SHIRE)

Wellbeing is derived from far more than physical health. Other factors – the social determinants of health – also impact on both physical and mental wellbeing. Once again, national and state-wide data can give us a high level picture of wellbeing in Kaniva.







Highest level of Educational Attainment*

Bachelor Degree and above	12.6%
Advanced Diploma and Diploma	7.5%
Certificate III or IV	20%
Year 10,11 or 12	36.9%
Certificate I or II	0%
Year 9 or below	11.9%

of people 65 and over have a Senior Health Card

7.3% Receive long-term unemployment benefit

Low income, welfare-dependent families (with children)

12.2% current smokers (daily and occasional)

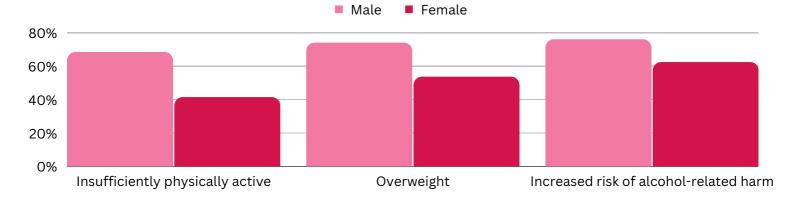


8.7% consume sugar-sweetened soft drinks daily



52.9% do not meet dietary guidelines for either fruit or vegetable consumption





Key differences in the West Wimmera Local Government Area compared to state averages are:

- Higher proportion of females and males who are overweight
- Higher proportion of females and males who are at an increased risk of alcohol related harm, particularly females
- Males significantly less active, however females are similar to the rest of the state

While this data is collected at the Local Government Area level, when considered in the context of Kaniva's demographics, some key influencing factors are:

- There is a significant proportion of older adults who may have mobility issues or limited ability to participate in physical activity
- Most people work in the farming industry (especially grain farming) which due to the increase of machinery use has led to farmers being less active in their daily work
- Lower median income which can affect people's ability to access resources to support health and wellbeing, and can contribute to higher rates of unhealthy behaviours such as smoking
- Higher proportion of people who live alone

^{*}Data at town level not LGA

This is the first edition of Kaniva's Health and Wellbeing Profile. For this version, we are providing a more in-depth look at chronic disease statistics. In future versions, we will include a page on the outcomes of our 5 Top Things survey. This specific local survey will be Kaniva's opportunity to identify what matters most about health and wellbeing to the people who live here.

HOW DOES KANIVA COMPARE?

Dementia (inc. Alzheimer's)

Kaniva 0.3% Victoria 0.7%

Kidney disease

Kaniva 0.3% Victoria 0.9%

Lung condition

Kaniva 3.1% Victoria 1.5%

Stroke

Kaniva 1.0% Victoria 0.9%

Cancer (inc. remission)

Kaniva 4.3% Victoria 2.8%

Asthma

Kaniva 10.5% Victoria 8.4%

Diabetes (Type I and Type II)

Kaniva 7.4% Victoria 4.7%

Mental health condition

Kaniva 10.2% Victoria 8.8%

Arthritis

Kaniva 16.3% Victoria 8.0%

Heart disease

Kaniva 6.4% Victoria 3.7%



Other long-term conditions

Kaniva 7.6% Victoria 8.0%

PRIORITIES FOR KANIVA

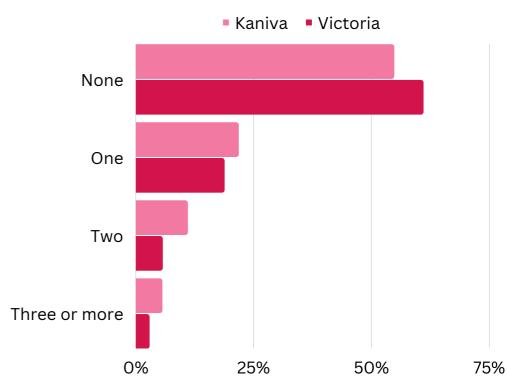
The regional health promotion priorities for the Wimmera and Southern Mallee are:

- Healthy Eating
- Active Living
- Social Connection
- Reduction of Harm from Tobacco and Alcohol

Foundational activities for the WWHS Health Promotion team include:

- Cafe Health
- 3in1 Towards a Healthy Town
- WWHS Community Health
 & Wellbeing grants
 projects:
 - Kaniva Space for Me

How many of the above long-term conditions do people have?



Strategic Health Promotion work in Kaniva is governed by the four regional priorities (listed left), but activities in each location are adjusted to local settings.